



INFORMATION DISCLOSURE STATEMENT BY APPLICANT(S) Substitute for form 1449A/PTO		Complete if Known	
		Application Number	10/820,280
		Filing Date	April 8, 2004
		First Named Inventor	Adolina et al.
		Art Unit	3683
		Examiner Name	
Sheet 1 of 2		Attorney Docket No.	BGEE 2 00017

U.S. PATENT DOCUMENTS

Examiner Initials*	Cite No.	Document No. Number-Kind Code (if known)	Publication/Issue Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
MS	AA	US-5,014,004	5/7/91	KREIBICH	
MS	AB	US-5,360,123	11/01/94	JOHNSTON	
MS	AC	US-5,810,339	09/22/98	KUSPERT	
MS	AD	US-3,131,921	05/05/64		
MS	AE	US-4,962,916	10/16/90	PALINKAS	
MS	AF	US-5,984,058	11/16/99	DANNEKER	
MS	AG	US-6,199,843	03/13/01	DeGRACE	
MS	AH	US-5,482,261	01/09/96	ORTEGA	
MS	AI	US-5,511,868	04/30/96	EFTEFIELD	
MS	AJ	US-6,179,099	01/30/01	KOCH	
MS	AK	US-6,773,003	08/10/04	DERMODY, JR.	
MS	AL	US-1,329,561	02/03/20		

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		Country Code-Number Kind Code (if known)				
MS	AM	DE 19 504961				<input type="checkbox"/>
MS	AN	DE 200 00940				<input type="checkbox"/>
MS	AO	DE 393 9118				<input type="checkbox"/>
MS	AP	JP 5 705934				<input type="checkbox"/>

NON PATENT LITERATURE DOCUMENTS

Examiner Initials*	Cite No.	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published	T
	AQ		<input type="checkbox"/>
	AR		<input type="checkbox"/>
	AS		<input type="checkbox"/>
	AT		<input type="checkbox"/>
	AU		<input type="checkbox"/>
	AV		<input type="checkbox"/>

Examiner Signature	/Mariano Sy/	Date Considered	11/21/2006
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MS	BA	US-571,972	11/24/86		
MS	BB	US-5,946,946	09/07/99	SHARP	
MS	BC	US-6,026,755	02/22/00	LONG	
MS	BD	US-4,693,343	09/15/87	BOYD	
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	BJ	US-			
	BK	US-			
	BL	US-			

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		Country Code-Number Kind Code <small>(if known)</small>				
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	BN					2 4 /
	BO					
	BP					

OTHER PRIOR ART - NON PATENT LITERATURE DOCUMENTS

Examiner Initials*	Cite No.	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published	T
	BQ		
	BR		
	BS		
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Examiner Signature	/Mariano Sy/	Date Considered	11/21/2006
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		Country Code-Number Kind Code (if known)				
MS	AM	DE 3716205 C2				<input type="checkbox"/>
MS	AN	DE 3716205 A1				<input type="checkbox"/>
MS	AO	DE 2722884				<input type="checkbox"/>
MS	AP	DE 3939118 C2				<input type="checkbox"/>

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Examiner Initials*	Cite No.	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published	T
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